

ZONING PERMIT

COMMUNITY & ECONOMIC DEVELOPMENT

18204 59 Avenue NE • Arlington, WA 98223 • Main Line 360.403.3551

FOR AGENCY USE	Date:		File:		Fee: \$		
		PERMIT T	YPE			To the Control of the Con-	
Type of Zoning Permit	Binding Site Plan (< 9 lots) Boundary Line Adjustment Cottage (≤19 Units) Forest Practice Multi-Family (≤19 Units) Short Plat Preliminary Short Plat Final Site Plan Review (<4 ac.) Special Event		Required Submittals (Check All That Apply)		☐ Auxiliary Sheet ☐ Shoreline Substantial ☐ Design Review – Admin. ☐ Design Review – Board ☑ SEPA ☑ Traffic – City ☐ Traffic – County ☐ Traffic – State		
		SITE INFORM	MATION				
Site Address		6600 172nd St NE		Tax Parcel ID Number(s)		31052700100100	
(Use block # if no bldg. #)	Arlington, WA				31052700100900		
Acreage & Square Footage Of Property	99.31 acres 3897313.2 square	99.31 acres		Zoning Classification Use Classification No.		Light Industrial Light Industrial	
Water Supply	Current	Proposed	Sewer S		Current	Proposed	
Traid Supply		Public	J CONG! C	мрыу	Ourient	Public	
Existing Use of Property	Vacant - Farmland						
On-Site Critical Areas?	⊙ Yes		Critical Area Type (e.g. wetland, steep slope, etc.)		wetland, creek		
Has Site Been Logged in Past 6 years?	○ Yes		Will Site Be Logged as Part of This Project?		O Yes	⊙ No	
	OWNER		APPLICANT		CONTACT		
Name	NP Arlington MIC Industrial, LLC		NP Arlington MIC Industrial, LLC		Northpoint Development C/O Josh Wills		
	4825 NW 41st St. Suite 500		4825 NW 41st St. Suite 500				
Full Address	Riverside, MO 64150		Riverside, MO 64150		Riverside, MO 64150		
Phone Number			314-691-0106		314-691-0106		
E-mail			jwills@northpointkc.com		jwills@northpointkc.com		
Relationship of Applicant to Property (check one)	□ Owner	☐Contract Purc	haser	Lessee	Other:	•	
	PROJECT	ARCHITECT	PROJE	CT ENGINEER	PROJEC	T SURVEYOR	
Name	Studio North Architecture C/O Ron Shauwecker		LDC, Inc. C/O Joe Hopper		LDC, Inc. C/O Vince Townsend		
	4825 NW 41st St, Suite 500		1851 Central PI S. Suite 1₽		20210 142nd Ave NE		
Full Address	Riverside, Missouri 64150		Kent, WA 98030		Woodinville, WA 98072		
Phone Number	816-888-7380		206-286-2725		425-892-9588		
E-mail	rshauwecker@studionorthkc.com		jhopper@ldccorp.com		vtownsend@ldccorp.com		

	PRELIMINA	ARY SHORT PLAT & BINDING SITE PLAN APPL	ICATION ONLY				
Project / Plat Name		Cascade Commercial Center					
Total No. of Proposed Lots		3					
Total Number of Proposed Units		2					
	Single Family						
D D III (Two Family						
By Dwelling / Use Type	Multi-Family						
330 1,70	Commercial	Two Commercial Warehouse Buildings					
	Industrial						
Has this property made, within the	/ been subdivided last 5 years?	l, or has application for subdivision been	◯ Yes No				
If Yes, Provide A	pplicant Name &	Plat Name					
		FINAL SHORT PLAT APPLICATION ONLY					
Date Preliminary	Plat Approved						
Improvements ha	ave been:	☐ Built ☐ Bonded ☐ Some Built, Some Bor	nded Other:				
	(Regui	SHORELINE DEVELOPMENT ONLY red for all Development Within or Adjacent to a	Shoreline)				
Will this Proposal be a Substantial Development as Defined in AMC §20.93?			○ Yes ○ No				
Shoreline Environmental Designation (if yes)							
	AND MITIG	FOREST PRACTICE (For Clearing >10,000sf ATION FOR SIGNIFICANT TREE REMOVAL (AI					
Associated Land							
Number of Signif	icant Trees to be						
Total Acreage to	be Harvested						
Is there a Current	t Development Mo	○ Yes No					
Type of Forest La	and Conversion	Class IV – General Class IV – Special					
		Significant Tree Mitigation Options (A, B, or (
Will Significant Trees be Removed During any Phase of this Proposed Project?			○ Yes ○ No				
A) Number of Tre	es to be Replante	d On-Site (3:1 Ratio)					
OR Date Completed			(For Agency Use Only)				
B) Number of Trees to be Replanted Off-Site (3:1 Ratio)			Location:				
OR Date Completed			(For Agency Use Only)				
C) Tree Mitigation In-Lieu Fee			(# of Harvested Trees) X (3) X (Tree Cost) =				
		Date Paid					
		Receipt №					

APPLICANT CERTIFICATION

I certify that I am the Owner or Owner's authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above referenced address for the purpose of filing applications for permits or review under the Arlington Municipal Code and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.

I do hereby declare under penalty of perjury under the laws of the state of Washington that I have familiarized myself with the

	-	ulations with respect to preparing and filing this ap n all respects true and correct to the best of my kr	•	emen	s and information submitted
		in an respects true and confect to the best of my ki	•	te:	/19/2021
Ар		gnature: forb 1-			
		ERTY OWNER CERTIFICATION aclare under the laws of the control of the laws of t	an atata of Washington th	at Lan	the owner of the subject
pro	operty or an	officer/member of the entity owning the subject p abide by any requirements and conditions that ma	roperty, that it is my desir	e to s	eek the subject land use permit,
pe	rmission for	City employees, agents of the City and/or other as inspections.			
DATED AT			, Washington on this dat	ie:	1/19/2021
Ov	vner's Signa	ature: John B. L.			
All	other prope	erty owners of the subject property must also sign	below (attach additional s	sheets	if necessary):
1)	Name:	·	Signature:		
	Address:		Phone:		
2)	Name:		Signature:		
	Address:		Phone:		
3)	Name:		Signature:		
	Address:		Phone:		